

110TH CONGRESS
1ST SESSION

S. 1343

To amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 9, 2007

Mrs. CLINTON (for herself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act with respect to prevention and treatment of diabetes, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Diabetes Treatment
5 and Prevention Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) According to the Centers for Disease Con-
9 trol and Prevention, the prevalence of diabetes in the

1 United States has more than doubled in the past
2 quarter-century.

3 (2) The American Diabetes Association reports
4 that there are now more than 20,000,000 Americans
5 living with diabetes, with 6,000,000 of these cases
6 not yet diagnosed. Another 54,000,000 Americans
7 have “pre-diabetes”, which means that they have
8 higher than normal blood glucose levels, and are at
9 increased risk of developing diabetes.

10 (3) In 2002, the landmark Diabetes Prevention
11 Program study found that lifestyle changes, such as
12 diet and exercise, can prevent or delay the onset of
13 type 2 diabetes, and that participants who made
14 such lifestyle changes reduced their risk of getting
15 type 2 diabetes by 58 percent.

16 (4) The New York Times has reported that life-
17 style-based interventions to control diabetes have re-
18 sulted in positive outcomes for patients, yet despite
19 these successes, such interventions were often
20 unsustainable. While insurance companies cover the
21 treatments of complications of unchecked diabetes,
22 they tend not to cover the cheaper interventions to
23 prevent such complications.

24 (5) According to the American Diabetes Asso-
25 ciation, in 2002, direct medical expenditures for dia-

1 betes totaled \$91,800,000,000, including
 2 \$23,200,000,000 for diabetes care, and
 3 \$24,600,000,000 for chronic complications attrib-
 4 utable to diabetes. In that year, approximately 1 out
 5 of every 10 health care dollars was directed to diabe-
 6 tes.

7 (6) There is a need to increase the availability
 8 of effective community-based lifestyle programs for
 9 diabetes prevention and the ability of health care
 10 providers to refer patients for enrollment in such
 11 programs to prevent diabetes, reduce complications,
 12 and lower the costs associated with diabetes treat-
 13 ment in the United States, and our Government
 14 should encourage efforts to replicate the results of
 15 the Diabetes Prevention Program on a wider scale.

16 **SEC. 3. CENTERS FOR DISEASE CONTROL AND PREVEN-**
 17 **TION DIVISION OF DIABETES TRANSLATION;**
 18 **DIABETES DEMONSTRATION PROJECTS.**

19 Title III of the Public Health Service Act (42 U.S.C.
 20 241 et seq.) is amended by inserting after section 317S
 21 the following:

22 **“SEC. 317T. CENTERS FOR DISEASE CONTROL AND PREVEN-**
 23 **TION DIVISION OF DIABETES TRANSLATION.**

24 “(a) IN GENERAL.—The Director of the Centers for
 25 Disease Control and Prevention shall establish within such

1 Centers a Division of Diabetes Translation to eliminate
2 the preventable burden of diabetes.

3 “(b) OFFICE.—The Division of Diabetes Translation
4 shall carry out the following activities:

5 “(1) Supporting and carrying out diabetes sur-
6 veillance.

7 “(2) Conducting applied translational research,
8 including research that will improve early detection,
9 prevention, and access to quality care with respect to
10 diabetes.

11 “(3) Working with States to establish and im-
12 prove diabetes control and prevention programs.

13 “(4) Coordinating the National Diabetes Edu-
14 cation Program in conjunction with the National In-
15 stitutes of Health.

16 “(5) Increasing education and awareness of dia-
17 betes.

18 “(6) Promoting greater awareness of the health
19 effects of uncontrolled diabetes.

20 “(7) Other activities as deemed appropriate by
21 the Director.

22 “(c) APPROPRIATIONS.—There are authorized to be
23 appropriated to carry out the activities of the Division of
24 Diabetes Translation under this section \$90,000,000 for

1 fiscal year 2008, and such sums as may be necessary for
 2 each subsequent fiscal year.

3 **“SEC. 317U. DEMONSTRATION PROJECTS FOR THE IDENTI-**
 4 **FICATION AND TREATMENT FOR PERSONS DI-**
 5 **AGNOSED WITH OR AT HIGH RISK FOR DIABE-**
 6 **TES.**

7 “(a) IDENTIFICATION AND PREVENTION DEM-
 8 ONSTRATION PROJECTS FOR PERSONS AT HIGH RISK FOR
 9 TYPE 2 DIABETES.—

10 “(1) IN GENERAL.—

11 “(A) DEVELOPMENT.—The Director of the
 12 Centers for Disease Control and Prevention (re-
 13 ferred to in this section as the ‘Director’), in
 14 consultation with the Division of Diabetes
 15 Translation and academic centers, shall develop
 16 a set of pilot demonstration projects to evaluate
 17 various approaches to—

18 “(i) screening and identifying persons
 19 with pre-diabetes and undiagnosed diabe-
 20 tes; and

21 “(ii) providing identified persons with
 22 access to appropriate lifestyle interven-
 23 tions.

24 “(B) LINKAGE TO DIABETES PREVENTION
 25 PROGRAM.—Such pilot projects shall be carried

1 out with the goal of translating, using lifestyle
 2 interventions available in the community, the
 3 Diabetes Prevention Program clinical trial into
 4 interventions to reduce the incidence of type 2
 5 diabetes and its related complications in the
 6 United States population.

7 “(2) COOPERATIVE AGREEMENTS.—

8 “(A) IN GENERAL.—The Director shall
 9 provide cooperative agreements and technical
 10 assistance to not more than 10 academic cen-
 11 ters partnered with State or local public health
 12 departments to implement, monitor, and evalu-
 13 ate such pilot programs.

14 “(B) APPLICATION.—Applicants shall sub-
 15 mit to the Director an application, at such time,
 16 in such manner, and containing such informa-
 17 tion as the Director may require, including—

18 “(i) information documenting the risk
 19 of the populations to be targeted by this
 20 intervention; and

21 “(ii) information regarding the meth-
 22 ods that shall be used to identify and
 23 screen these populations.

24 “(3) DURATION.—The cooperative agreements
 25 awarded under this subsection shall be awarded for

1 a 2-year period, with the Director having the option
 2 to extend cooperative agreements for an additional
 3 2-year period.

4 “(4) EVALUATION.—Not later than 4 years
 5 after date of the enactment of the Diabetes Treat-
 6 ment and Prevention Act of 2007, the Director shall
 7 release a report evaluating the effectiveness of this
 8 program.

9 “(5) AUTHORIZATION OF APPROPRIATIONS.—
 10 There are authorized to be appropriated
 11 \$10,000,000 to carry out this subsection for each of
 12 fiscal years 2008 through 2012.

13 “(b) STATE PARTNERSHIPS FOR SURVEILLANCE AND
 14 EDUCATION.—

15 “(1) IN GENERAL.—The Secretary, acting
 16 through the Director of the Centers for Disease
 17 Control and Prevention, shall engage in partnerships
 18 with State and local health departments to carry out
 19 the following activities:

20 “(A) National, State, and local (to the de-
 21 gree determined by the Secretary) surveillance
 22 of the following items:

23 “(i) The number of individuals and
 24 percentage of the population at risk for de-
 25 veloping diabetes.

1 “(ii) The number of individuals and
2 percentage of the population who have re-
3 ceived diabetes and high blood glucose
4 screenings.

5 “(iii) Among those individuals who
6 have been identified with pre-diabetes, the
7 proportion that have been enrolled into
8 lifestyle programs.

9 “(iv) The availability of interventions
10 to prevent diabetes, and the access of the
11 population to such interventions.

12 “(v) The number of individuals and
13 percentage of population with both newly-
14 diagnosed cases of diabetes and existing
15 cases of diabetes, as well as the rates of in-
16 crease or decrease in newly-diagnosed dia-
17 betes.

18 “(vi) Other relevant factors as deter-
19 mined by the Secretary.

20 “(B) Education and information cam-
21 paigns to increase awareness among populations
22 at high risk for diabetes, health care providers,
23 and the general public, about the importance of
24 primary prevention, ways to assess personal

1 risk, and how to locate and access diabetes pre-
 2 vention programs.

3 “(2) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated
 5 \$10,000,000 to carry out this subsection for each of
 6 fiscal year 2008 through 2012.

7 “(c) TREATMENT DEMONSTRATION PROJECTS FOR
 8 Co-OCCURRING CHRONIC CONDITIONS.—

9 “(1) IN GENERAL.—The Director, acting
 10 through the Division of Diabetes Translation, shall
 11 develop a pilot program to improve treatment for in-
 12 dividuals with diabetes and other co-occurring chron-
 13 ic conditions, such as mental illness, high blood pres-
 14 sure, or cardiovascular disease, for which treatment
 15 may complicate the treatment for diabetes.

16 “(2) COOPERATIVE AGREEMENTS.—

17 “(A) IN GENERAL.—The Director shall
 18 provide cooperative agreements and technical
 19 assistance to not more than 10 academic cen-
 20 ters, in partnership with State and local health
 21 departments, to implement, monitor, and evalu-
 22 ate programs designed to improve health out-
 23 comes in individuals with diabetes and other co-
 24 occurring chronic conditions.

1 “(B) APPLICATION.—Applicants shall sub-
2 mit to the Director an application, at such time,
3 in such manner, and containing such informa-
4 tion as the Director may require, including in-
5 formation regarding the co-occurring conditions
6 that shall be the subject of study.

7 “(C) PREFERENCE.—In awarding the co-
8 operative agreements under this subsection, the
9 Director shall give preference for research that
10 focuses on conditions which have a high preva-
11 lence among individuals with diabetes, or for
12 which the treatment involved has the potential
13 to impact adherence to diabetes treatment regi-
14 mens and that builds upon existing work de-
15 signed to improve the quality of care for pa-
16 tients with diabetes.

17 “(3) DURATION.—The cooperative agreements
18 awarded under this subsection shall be awarded for
19 a 2-year period, with the Director having the option
20 to extend cooperative agreements for an additional
21 2-year period.

22 “(4) EVALUATION.—Not later than 4 years
23 after the date of enactment of the Diabetes Treat-
24 ment and Prevention Act of 2007, the Director shall
25 release a report evaluating the effectiveness of this

1 program in improving the health care outcomes for
2 individuals with diabetes and other co-occurring
3 chronic conditions.

4 “(5) APPROPRIATIONS.—There are authorized
5 to be appropriated \$10,000,000 to carry out this
6 subsection for each of fiscal years 2008 through
7 2012.”.

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